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## FIT Clinical Decision Making

## IMAGING DEBAKEY'S DEBACLE: AN UNUSUAL CASE OF PAINLESS ACUTE ST ELEVATION MYOCARDIAL INFARCTION

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: FIT Clinical Decision Making: Ischemic Heart Disease

Abstract Category: Acute Coronary Syndromes

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**Background:** Acute STEMI are in 1-2% of cases associated with cardiovascular catastrophes other than acute coronary thrombosis. We present a case of an acute aortic dissection presenting as a case of acute inferior ST elevation without chest pain.

**Methods:** A 77-year-old female smoker with a history of COPD was presented emergently to the emergency room with a 3 day history of severe dyspnea and inferior ST segment elevations on ECG. She denied any chest pain but reported left arm numbness and tingling. Physical examination revealed a thin Caucasian female in moderate respiratory distress. She was hypotensive (BP 88mmHg/55mm Hg) with a 15mm difference in pulse pressure between both upper extremities. She had a pectus excavatum deformity but no murmurs. Her jugular veins were not distended.

**Results:** Decision Making. A portable chest x-ray showed a widened superior mediastinum and an urgent bedside transthoracic echocardiogram (TTE) revealed a dilated ascending aorta with a false lumen and a bicuspid aortic valve. A multidetector contrast CT of the chest demonstrated a 5 cm diameter ascending aorta with a Stanford type A acute dissection arising from the level of the aortic annulus with the right coronary artery arising from the false lumen. Emergent surgery confirmed an ascending aortic aneurysm with acute dissection, aortic insufficiency, bicuspid valve and a right ventricular infarct. She underwent surgical repair of the acute dissection, resuspension of the aortic valve and repair of the aortic arch. Her intra-operative course was however complicated by cardiac arrest with subsequent cardiorespiratory failure. She was ultimately transitioned to comfort care and passed away on post op day 4.

**Conclusion:** This case illustrates the potential of acute myocardial infarction to be a huge distractor when it complicates an acute ascending aorta dissection usually due to involvement of the right coronary artery. Painless acute aortic dissections have a higher mortality. Thus a logical approach to evaluation is necessary in cases with STEMI to resist the urge for emergent catheterization which usually worsens morbidity and mortality.